

Referrals to WDHB for ? ADD

The Mental Health service is funded to provide care to patients where there is a likelihood of serious mental illness and associated with this significant risks and / or impairment.

It is required to confirm that a patient meets DSMIV criteria for ADHD to support treatment and an application for special authority.

This requires:

- Information on current symptoms, the exclusion of other possible causes and definite information on significant impairment.
- Could you please have your patient complete both the Wender-Utah and ASRS Adult ADHD Self-Report Scales as minimum symptom screening tools to support any request.
- Physical Examination (copied below as per CADDRA guidelines)

Practice guidelines around the world recognize the necessity of a physical exam as part of an assessment for ADHD in order to rule out organic causes of ADHD, rule out somatic sequelae of ADHD, and rule out contraindications to medications. While this physical exam follows all the usual procedures, several specific evaluations are required. These include, but are not limited to:

Assess medical causes of ADHD-like symptoms:

1. Hearing and vision assessment
2. Thyroid disease
3. Neurofibromatosis (cafe au lait spots)
4. Any potential cause of anoxia (asthma, CF, cardiovascular disease)
5. Genetic syndromes and facial or dysmorphic characteristics
6. Foetal alcohol syndrome: growth retardation, small head circumference, smaller eye openings, flattened cheekbones and indistinct philtrum (underdeveloped groove between nose and upper lip)
7. Physical abuse: unset fractures, burn marks, unexplained injuries
8. Sleep disorders: enlarged tonsils and adenoids, difficulty breathing, sleep apnoea
9. Growth delay or failure to thrive
10. PKU, heart disease, epilepsy and unstable diabetes can all be associated with attention problems
11. Head trauma.

Medical history/lab work provides information on maternal drinking in pregnancy, sleep apnoea, failure to thrive, lead poisoning, traumatic brain injury.

Assess for sequelae of ADHD

1. Abuse
2. High pain threshold
3. Irregular sleep, delayed sleep phase, short sleep cycle
4. Comorbid developmental coordination disorder, evidenced by motor difficulties in doing routine tasks such as getting on the exam table
5. Picky eater: will not sit to eat
6. Evidence of injuries from poor coordination or engagement in extreme sports

Assess for / comment on contraindications to medication:

1. Glaucoma
2. Uncontrolled hypertension
3. Any evidence of significant cardiovascular abnormality

A new referral to our service could be made only if patient scores indicate a definite possibility of ADHD as defined by:

- Wender-Utah (http://www.neurotransmitter.net/Wender_Utah.doc) score above 46
- ASRS (https://www.hcp.med.harvard.edu/ncs/ftpdir/adhd/18Q_ASRS_English.pdf)

with at least 4 responses in the often / very often area for part A and with information on the findings from the physical examination

Please attach these completed self-assessments to your referral along with any other supporting information regarding current symptoms, impairments and physical findings.

It would also be appreciated if you could provide any information you may have on:

- possible earlier assessments and / or previous opinions regarding ADHD. (e.g. current symptoms,
- any previous mental health concerns or treatments used or evidence of previous diagnosis of ADHD in childhood).